

COUNTY OF SAN DIEGO, CALIFORNIA
BOARD OF SUPERVISORS POLICY

Subject

Family Centered Practice

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Purpose

The purpose of this policy is to ensure that the principles of family centered practice are followed by all County departments that have responsibility for services to children and families.

Background

The implementation of family centered practice within both County and community programs for families addresses the needs of the whole family and is intended to promote and support community and family involvement to ensure safe and healthy environments for children. This practice applies to service providers regardless of whether their services are voluntarily requested or made available through involuntary government interventions. The degree to which families access services voluntarily should result in fewer involuntary service interventions.

Family centered practice is both a philosophy and an approach for supporting families to raise children to become productive, useful citizens of the future. Family centered practice gives priority to self-esteem, self-discipline and respect for others, their diverse backgrounds, cultures and family structures. This practice is based upon common principles that encourage the strengthening of families by increasing their capacity to meet their own needs. The strengthening of families and communities will enable them to raise children who feel safe and secure and learn to maintain healthy lifestyles.

Finally, family centered practice is a method to assist parents to provide for the health, safety and developmental needs of their children. Family centered practice is part of a full spectrum of supports and services and in no way supersedes the moral or legal obligation to safeguard the lives of children.

Assumptions

The following assumptions underlie the Board policy:

Communities and agencies committed to Family Centered Practice share the following beliefs about caring and concerned families:

- Families deserve to be treated with dignity and respect.
- Most families can change when providers and intervenors devote the time and effort to support them.
- Families may require involuntary interventions that will provide protection to the child. Family centered practice and child protective services should always be

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focused on child safety. If the decision is made that a child cannot be safely maintained within the family, the child will then be placed in an alternate, safe environment.

- Families have strengths which enable them to face and solve problems each day and request services or assistance at the time of crisis.

- Family strengths can provide the foundation to build on for resolution of the crisis.

- Families are most often capable of participating and providing valuable input in the immediate and long-range planning for their children.

- Families benefit most from a system of coordinated services that are multi-disciplinary and support them to be successful without mandatory government interventions.

- Family participation is essential in planning and developing healthy and safe communities.

Communities and agencies committed to family centered practice feature the following expectations in the design of supports and services:

- Resources within each community are the least threatening to access and the most efficient means of providing support to families.

- Community resources that are user friendly and designed to meet the identified needs of families benefit children by supporting families in their efforts to provide safe and healthy environments.

- Community based planning should involve both private and public sector agencies.

Policy

It is the policy of the Board of Supervisors that:

1. Each of the following principles shall be considered when designing or evaluating community or agency programs and services:

- (a) Contacts with clients, family and other community members should be conducted with sensitivity and objectivity.

- (b) Family supports and services should be designed to build on family strengths and promote independence.

- (c) Participation and input of family and other concerned individuals needs to be valued and considered during case planning.

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(d) Family members should be involved as a resource during implementation of the jointly developed case plan.

(e) Parents, family members and other concerned individuals should be utilized as resources and supports to help safeguard ongoing child safety and health.

(f) Family and child supports and services should be community based and appropriate to the culture, language and religion.

(g) Private and public agencies should commit to joint case planning.

2. County departments and community or contract partners shall consider the following when evaluating their family centered approach:

(a) Services need to be closely coordinated or consolidated to be efficient, productive and nonduplicative.

(b) Community and agency resources need to be shared on cases in common to resolve problems and help families achieve their goals.

(c) A consolidated index of cases needs to be available among County departments to expedite coordination.

(d) Information about the availability of services for children and families should be promoted through various community resources.

(e) Advocacy services need to be available for families to avoid or resolve crisis.

(f) Businesses, churches, educational institutions and other relevant organizations should be included in the planning and development of resources, programs and solutions.

(g) If a decision must be made to protect the child or preserve the child's family, the priority shall be to ensure the safety of the child.

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Board Action
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